

SUMMARY FORM

**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE**

Section I: Agreement Details

Public Employer: Woodstown-Pilesgrove Reg BOE County: Salem
 Employee Organization: Woodstown-Pilesgrove Admin Assoc Employees in Unit: 9
 Base Year Contract Term: 7/1/11 - 6/30/14 New Contract Term: 7/1/14 - 6/30/17
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 Salary	<u>1,040,173</u>	<u>1,063,577</u>
Item 2 Increment		
Item 3 Longevity		
Item 4		
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional information to be included		
Section III: Totals - Sum of costs in each column	<u>1,040,173</u> (Total)	<u>1,063,577</u> (Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement)	<u>1,040,173</u>			
Effective Date (m/d/yyyy)	<u>7/1/14</u>	<u>7/1/15</u>	<u>7/1/16</u>	
Percent Increase	<u>2.25</u>	<u>2.37</u>	<u>2.45</u>	
Total cost of increase	<u>23,404</u>	<u>25,207</u>	<u>26,675</u>	
Total base salary (successor agreement)	<u>1,063,577</u>	<u>1,088,784</u>	<u>1,115,459</u>	

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 2.3690
 Dollar Impact (average per year over term of agreement) 25,095

Section VI

Health Insurance (figures apply as indicated on each line)

	Base Year	Year 1			
Cost of Health Plan	<u>201,524</u>	<u>215,630</u>			
Employee Contributions	<u>15,602</u>	<u>15,914</u>			
Prescriptions	<u>Included</u>	<u>Included</u>			
Dental	<u>Included</u>	<u>Included</u>			
Vision	<u>N/A</u>	<u>N/A</u>			

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by:

Frank A. Rizzo
 Print Name
[Signature]
 Signature

Title:

SBA/BS

Date:

6/14/16

To the Best of my knowledge & information utilized during negotiations
[Signature]